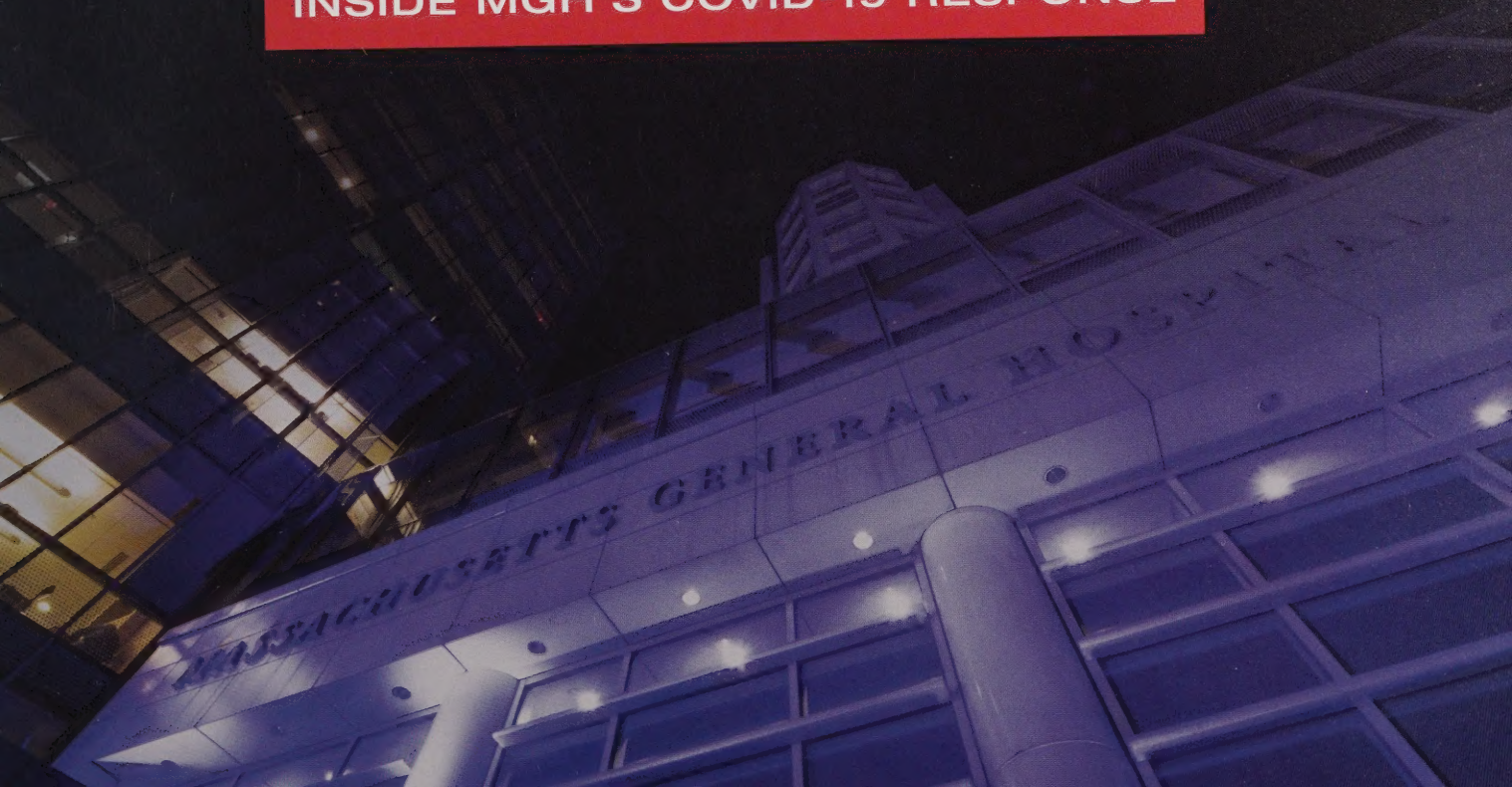
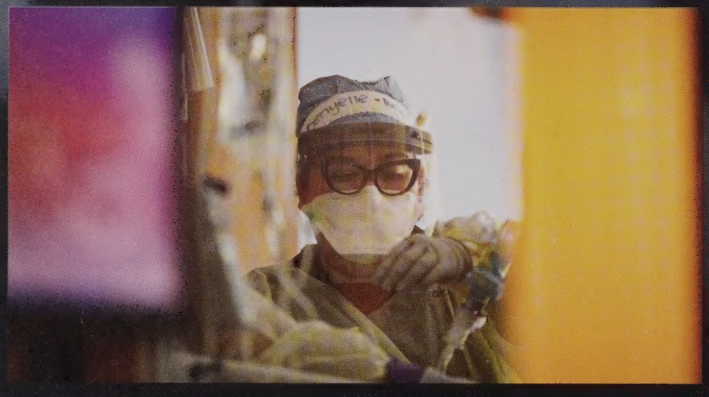
FALL 2020

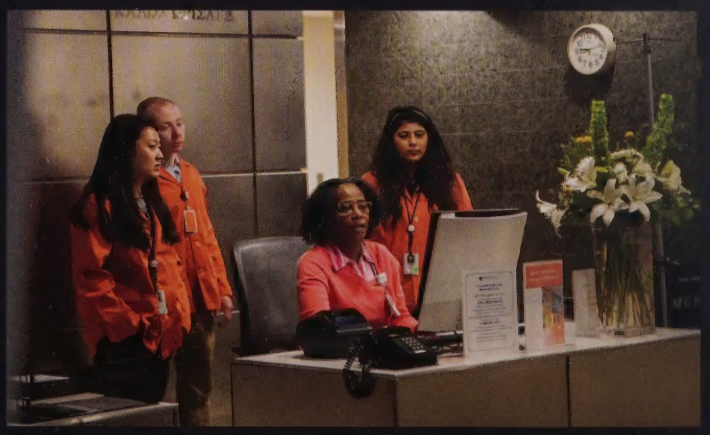
MGH HOTLINE

EXTRAORDINARY TIMES, EXTRAORDINARY PEOPLE

INSIDE MGH'S COVID-19 RESPONSE







PLEASE NOTE: Some photos in this publication were taken before the Universal Mask Policy went into effect.

GLOBAL OUTBREAK, LOCAL CHALLENGE

In late December 2019, the Wuhan Municipal Health Commission in China reported an outbreak of a pneumonia of unknown cause. Nine days later, officials determined the acute respiratory virus to be caused by a novel coronavirus (2019-nCoV). Within days, members of the Massachusetts General Hospital's senior leadership team and the Center for Disaster Medicine began to closely monitor the situation and mapped out plans for the virus's possible spread across the globe, throughout the nation and right here in Boston.

MGH staff would spend the next several months working tirelessly – while facing new challenges and difficult, often emotionally draining situations. They cared for thousands of patients while learning new treatment options, supported their colleagues by ensuring all areas of the hospital were cleaned using the latest infection prevention methods and sought to make a difference through innovative research methods.

While this global pandemic has altered life in many ways, it also highlighted that all levels of Mass General staff can be counted on to rise to any challenge. In this special edition of *MGH Hotline*, we celebrate the more than 27,000 individuals who made such an incredible impact on our patients, our community and our colleagues during this time.

WE RECOGNIZE YOU. WE APPLAUD YOU. WE THANK YOU.

This special edition looks at the hospital's response efforts between January-June 2020.

ACTIVATION AND RAMP-UP

JAN 1: The World Health Organization (WHO) sets up its Incident Management Support Team to deal with a possible global outbreak.

JAN 11: First potential patient evaluated in MGH Emergency Department (ED).

JAN 12: China publicly shares the genetic sequence of COVID-19.

JAN 13: First recorded case of COVID-19 outside of China is confirmed in Thailand.

JAN 21: First confirmed case in United States.

JAN 23: MGH introduces travel policy updates and discourages non-essential trips to China.

Agile and Able: MGH Labor Pool Activation

During the early stages of its COVID-19 response efforts, the Hospital Incident Command System (HICS) activated its labor pool, redeploying clinical, non-clinical and administrative support to help meet the changing dynamics raised by the coronavirus pandemic. From March 20 through May 7, 788 MGH employees filled 5,557 shifts as part of the general labor pool. Duties included N95 sticker distribution, vent listener and mask distribution/attestation programs. In the provider labor pool, 767 employees filled 4,925 shifts. Top redeployment areas were COVID-19 critical care units, COVID-19 general care units and the Emergency Department. As part of the Nursing Labor Pool, 596 nurses filled 15,093 shifts, helping to convert general care units into intensive care units (ICUs), pairing nurses to provide increased levels of care in ICUs, and redeploying ambulatory and research nurses to inpatient care.

SURGE STATS

1,820,230
isolation gowns

22,875
canisters of Super Sani-Cloths

JAN 27: MGH's Hospital Incident Command System (HICS) activated.

JAN 30: WHO declares global emergency.

FEB 1: First confirmed COVID-19 case in Boston.

FEB 3: Special Pathogens Unit activated on Bigelow 9 for the first "Person Under Investigation" at MGH.

FEB 4: MGH begins screening patients with relevant international travel.

FEB 28: Countries in the MGH travel advisory and furlough policy are expanded to include Hong Kong, Macau, Italy, Iran, South Korea and Japan.

FEB 29: First COVID-19 death in the U.S.

A New Process to Reprocess

Amid the coronavirus surge, a national shortage of personal protective equipment (PPE) – including N95 respirators – was a major concern. To address this issue, the Reuse Working Group in the Mass General Brigham COVID Center for Innovation tested several decontamination methods for N95s, and found the best and safest option to be an FDA-approved, low-dose hydrogen peroxide vapor method that inactivates viruses and bacterial spores, while preserving fit and filtration and minimizing residue. After partnering with the Ohio-based Battelle company, a reprocessing system was set up at Assembly Row, allowing thousands of N95 respirators to be decontaminated and reused. This innovative reprocessing program has played a critical role in maintaining a stable supply of the hospital's PPE throughout the COVID-19 crisis.

SURGE STATS

More than
1,052
international, national and local media outlets feature MGH

MARCH 4: Five patients arrive at MGH's ED after attending an international conference in Boston. It would later be determined that 100 of the 175 attendees were infected by the coronavirus.

MARCH 6: The HICS Emergency Operations Center is activated in the Trustees Room.

All onsite and offsite conferences are canceled.

All patients presenting with viral respiratory illness are placed on contact-plus-droplet precautions.

Lunder Ambulance Garage is turned into a special ambulatory Respiratory Illness Clinic (RIC) to test conference attendees.

MARCH 10: Massachusetts Gov. Charlie Baker declares a state of emergency.

COVID-19 response labor pool launches, redeploying clinical, non-clinical and administrative support staff to meet the hospital's new and expanded needs.

MARCH 11: WHO declares COVID-19 a pandemic.

MARCH 12: MGH Visitor Policy limits the number of visitors on hospital campuses at any one time to promote physical distancing and limit possible exposure, and also defers non-essential care.

MARCH 13: President Donald Trump declares a national emergency.

MARCH 15: Gov. Baker issues an emergency order for all hospitals and ambulatory surgical centers to postpone or cancel any nonessential, elective invasive procedures, and also limits gatherings to 25 people and prohibits on-premise consumption of food or drink at bars and restaurants beginning March 17, effective through April 5.

MARCH 16: Remote work requirement issued for all staff able to do so.

MARCH 20: MGH Research Institute shuts down lab operations and limits human subject research, including clinical trials.

MARCH 22: New policy requires all staff – both clinical and non-clinical – to wear a face mask (surgical or procedural mask) that they must have on continuously, throughout their entire shift, while on the premises.

MARCH 23: Mass General Brigham Center for COVID Innovation created to help with the effort to coordinate and facilitate the development of new innovations that flatten the COVID-19 curve and protect and empower frontline clinical staff.

More than

$28 million

in financial contributions from 37 states and 26 countries to benefit the MGH Emergency Response Fund

More than

90,000 items

in-kind donations – including meals, snacks, hats, flowers, gift cards, shoes and socks

Turning Over a New Leaf on COVID Treatment

Patient Care Services (PCS) launched a COVID-19 Proning Team in early April after studies indicated that putting COVID-19 patients in a prone position – lying flat with the chest down and back up – would improve oxygen saturation, pulmonary mechanics and arterial blood gases. The Proning Teams – made up of 95 operating room nurses, operating room assistants, ambulatory physical therapists and occupational therapists – helped caregivers with the process of moving the patient to the prone position. The teams provided 24/7 assistance to caregivers, overseeing 450 proning events over 60 days from early April through June 8.

Staff from the Norman Knight Nursing Center and the PCS Office of Quality, Safety and Practice formed an ICU Support Team – comprised of experienced critical care clinical nurse specialists, nurse educators with critical care backgrounds and other staff with critical care experience – to provide clinical and educational support to general care nurses on units that had been converted to ICUs. The team members provided an ICU skills review/assistance for general care nurses who had been deployed to critical care, and helped with consultation, troubleshooting and rounding.

MARCH 24: Gov. Baker orders all non-essential physical workplaces and facilities to close.

Musician James Taylor and his wife, Kim, donate $1 million to the MGH Emergency Response Fund.

MARCH 25: State issues emergency order to extend the closure of all public and private schools and non-emergency child care programs.

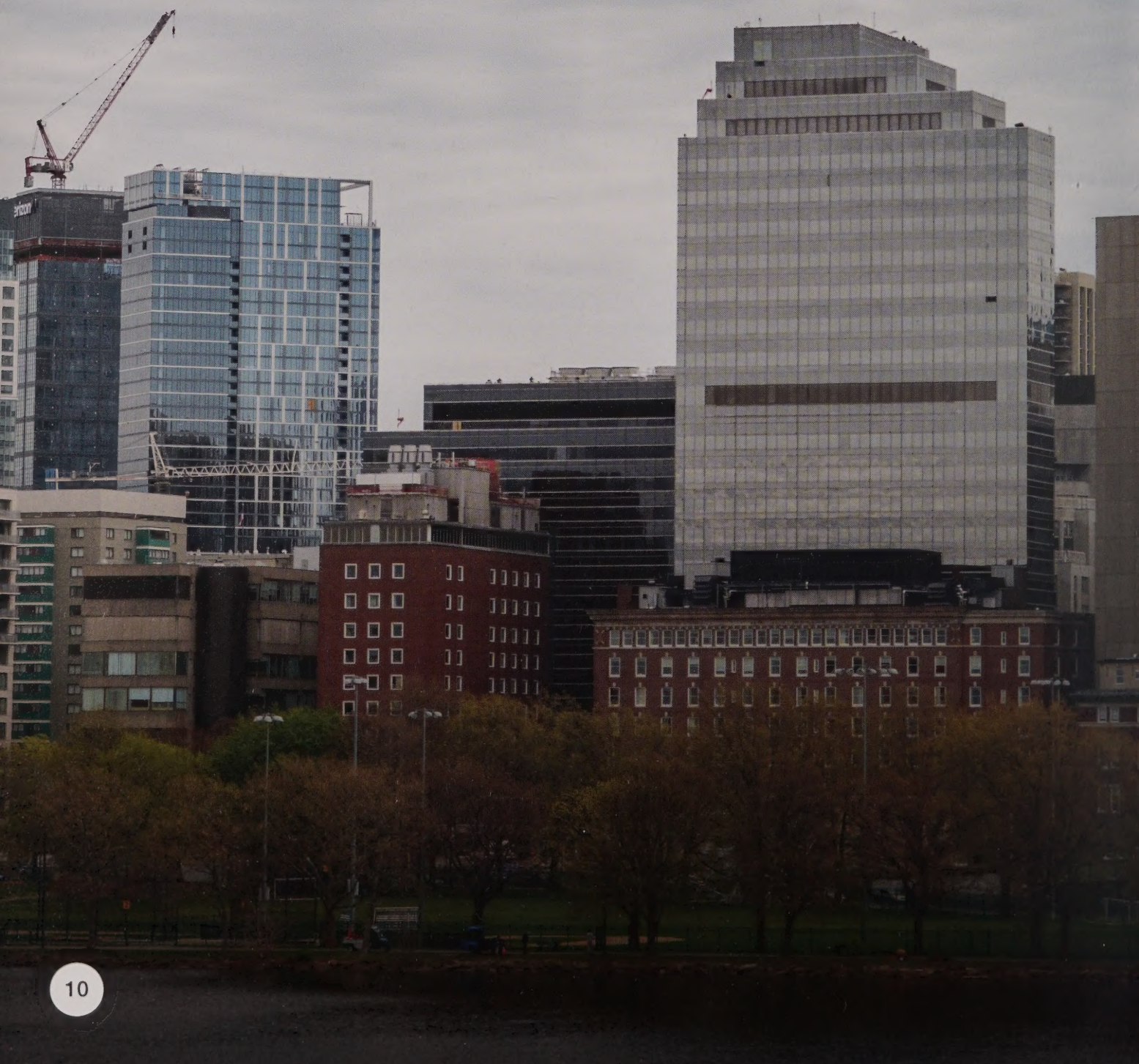
MARCH 25:
175 Cambridge St. RIC opens.

MARCH 30: All employees who work in clinical care settings required to self-monitor for symptoms of COVID-19 infection at the beginning of every shift.

APRIL 2: MGH Chelsea HealthCare Center opens a RIC to evaluate and treat high-risk patients with respiratory illness and test for COVID-19.

Telehealth Makes Connection Possible

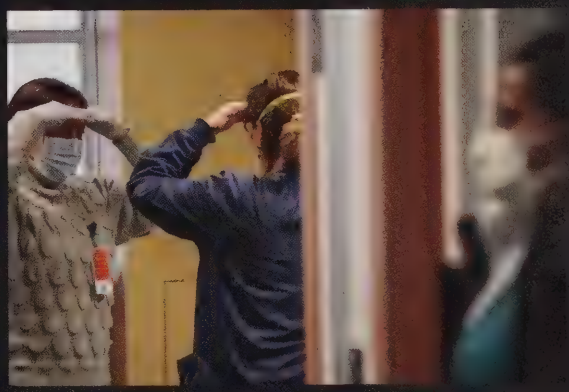
In the height of the COVID-19 pandemic, some MGH patients were no longer able to come to the hospital for in-person appointments, however, many received ongoing care through virtual visits, or telehealth. More than 90 percent of scheduled appointments from March through May still took place, thanks to the efforts of the MGH Center for Telehealth. Since its formation in 2011, the program allows clinicians to virtually see patients, support the necessary physical distancing efforts, limit the use of PPE and reduce the patient load from inpatient units and the Emergency Department while still providing critical care for patients, keeping both patient and caregiver safe from unnecessary potential COVID-19 exposure.

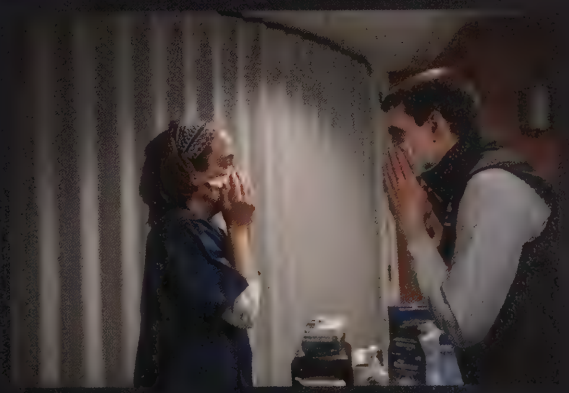


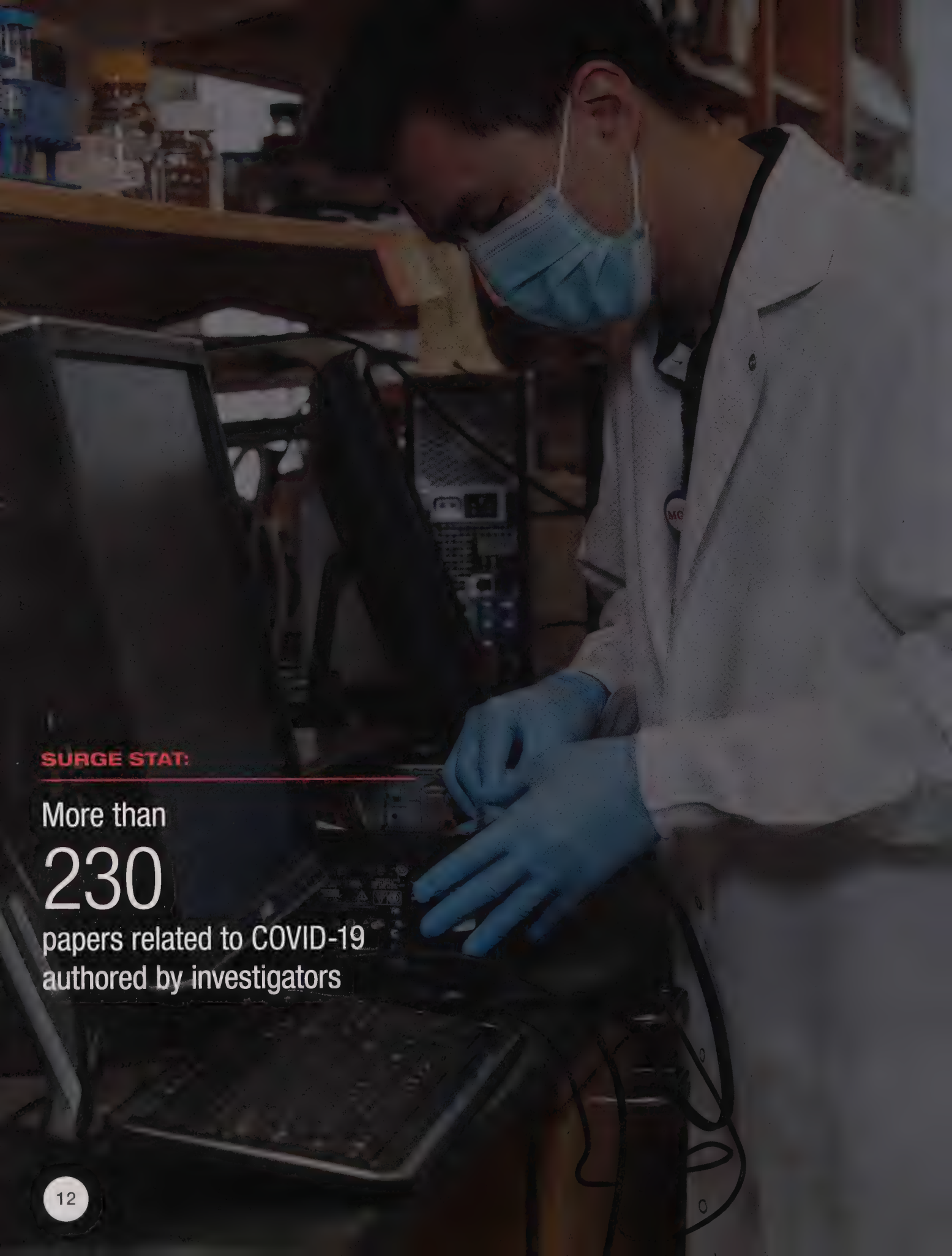
SURGE STATS:

6,412
employees fit-tested

51
training sessions







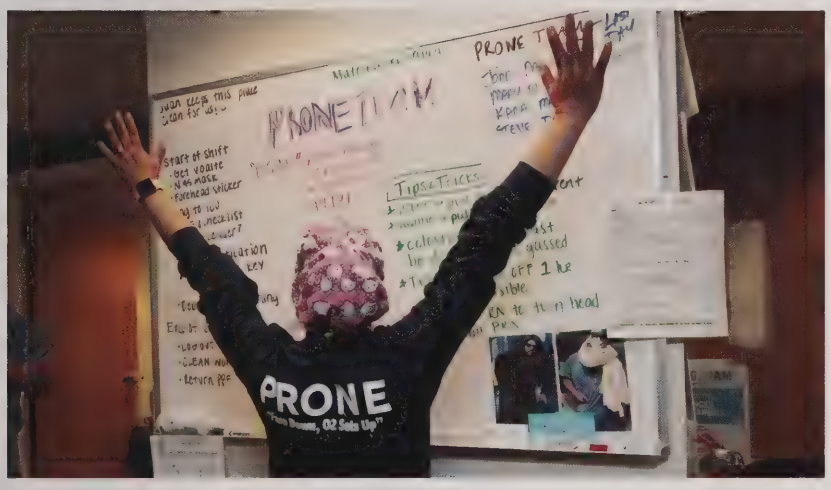
SURGE STAT:

More than

230

papers related to COVID-19
authored by investigators

SURGE AND RESPONSE ACTIVITIES



Ragon Research Leads to COVID-19 Antibody Presence

A research team led by Galit Alter, PhD, of the Ragon Institute of MGH, MIT and Harvard, developed and validated an enzyme linked immuno-assay (ELISA) test for SARS-CoV-2 antibodies in the blood. This laboratory-based test identified the presence of antibodies, but also the relative levels of each, which provides a more complete picture of the body's immune response to the disease. Following the development, ProterixBio, Inc. announced a licensing agreement with the hospital to manufacture the test for wide scale use.

APRIL 5: Occupational Health COVID-19 Call Line provides all test results and work clearances for employees.

APRIL 6: N95 Respirator Reuse Program launches to reprocess staff respirators, allowing for decontamination and reuse.

APRIL 9: Proning team is created to improve oxygen saturation, pulmonary mechanics and arterial blood gases in COVID-19 patients.

The MGH Environmental Health and Safety Department logs its busiest day for fit-testing – totaling 769 staff members – with the help of Peri-Operative staff who aided in the training sessions.

APRIL 10: Boston Hope – a 1,000-bed medical center inside the Boston Convention and Exhibition Center – opens, offering post-acute care for patients recovering from COVID-19 and for homeless individuals with coronavirus who do not require hospitalization.

APRIL 11: Some 3,000 N95 respirators are decontaminated and readied for reuse at the Battelle system facility – located near Mass General Brigham at Assembly Row in Somerville – using an FDA-approved, low-dose hydrogen peroxide vapor method to inactivate viruses and bacterial spores.

APRIL 13: MGH Chelsea offers expanded testing for anyone – not just MGH patients – who has symptoms.

Spanish Language Care Group launches.

APRIL 15: The Quality Inn in Revere is turned into a facility to assist individuals who have COVID-19 and who need to be temporarily isolated from family and others while they recover. MGH helps with medical monitoring and behavioral health support.

MGH Chelsea introduces a hexapod – or personal protective booth – for providers to increase patient testing and to minimize the use of PPE.

APRIL 16: Routine Ambulatory Care for COVID-19 Patients (RACC) clinic opens in Yawkey to properly isolate and care for ambulatory and oncology patients who have, or are suspected to have, COVID-19.

APRIL 21: COVID-19 Bundled Response for Access (COBRA) Team launches, performing vascular and intestinal access procedures in ICUs to improve efficiency and safety of these procedures while decreasing health care provider exposure and preserving PPE.

APRIL 22: First day of color-coded sticker distribution to staff who wear N95 respirators or powered air-purifying respirators (PAPRs) to indicate their model and size.

Breaking Communication Barriers

The arrival of COVID-19 also brought a unique set of challenges for patients with intellectual and physical disabilities – including cognitive disability, communication barriers, sensory issues or behavioral concerns – and for patients for whom English is not their first language. Early on, the MGH Equity and Community Health COVID Response Team joined in a larger Mass General Brigham effort to ensure that patients, providers and employees were treated equitably and had access to necessary information during the COVID-19 pandemic. As part of this effort, the task force created a Multilingual, Disability, & Community Health Resource Repository, ensuring that all communications to patients and employees are available in a number of different ways. Simple, visual communication boards were created in multiple languages specifically designed to support communication during COVID 19. Many written communications – memos, posters and newsletters – also were translated into Spanish, Portuguese, Haitian Creole and Chinese. The MGH Disability Task Force also brought clear masks to the hospital for caregivers to use with patients who benefit from seeing a person's mouth while they speak.

SURGE STATS:

18,113 patients

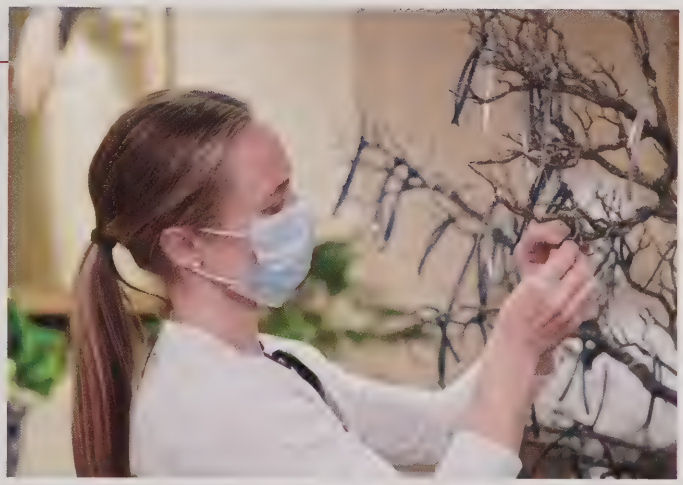
seen in the MGH RICs
from March-June

1,401 patients

seen in the MGH RACC clinic
from April-June

1,716 patients

seen at the at 125 Nashua Street
testing clinic in June



April 23 marks peak COVID-19 day with

389 COVID positive patients

217 in general care; 171 in intensive care

RECOVERY AND RECONCILIATION

MAY 6: Massachusetts order goes into effect requiring face masks in public places where social distancing is not possible.

MAY 18: Gov. Baker announces plan for phased reopening of state.

MAY 20: **CORAL: CO**vid **R**isk c**AL**culator – and NEMO (pediatric **CORAL**) for pediatric patients – is introduced in Epic as an infection status assessment tool, replacing the Biothreats Infection Status pager.

MAY 27: Offsite locations resume elective procedures.

MAY 28: MGH Department of Medicine's Center for Physician Well-Being and the Division of Palliative Care host a special memorial service recognizing the loss and grief of all types experienced during the pandemic.

MAY 29: The Quality Inn Hotel in Revere suspends new admissions and officially closes June 9.

Speaking from the Heart

After caregivers noted that COVID-19 was disproportionately impacting members of the Latino or Spanish-speaking community, 62 Spanish-speaking MGH clinicians – from trainees to the most senior clinical staff representing 13 departments and 13 countries – formed the Spanish Language Care Group. The supplemental group – which launched April 13 – worked closely with the MGH Interpreter Services Department 24/7 for seven weeks to assist teams caring for COVID limited English proficiency Spanish-speaking patients on surge floors, ICUs, the ED and Boston Hope. They helped relay condition updates and critical communication, educated patients and their families about their care plan, assisted in the daily rounding process, with admissions and discharges, and the consenting process both in person and virtually.

SURGE STATS:

4,000 bottles

of hand sanitizer produced by the Gordon Center for Medical Imaging to address shortage, supplement growing hospital need

JUNE 1: Limited return to onsite research operations begins.

JUNE 2: Boston Hope releases the last of its more than 700 patients.

JUNE 3: Final day of MGH's HICS regular COVID-19 response meetings. Executive Committee on Clinical Operations assumes role of coordinating recovery operations.

JUNE 8: Final day for MGH Proning Team.

JUNE 12: Updated visitor policy announced, allowing for increased visitors in certain areas.

JUNE 15: COVID-19 testing-only site opens at 125 Nashua Street.

JUNE 30: Deadline to apply for Employee Grant Program for a grant of up to $1,000 for employees experiencing financial hardship.

When Residents Become Patients, and Patients Become Guests

The Quality Inn Hotel in Revere turned into a 145-bed temporary housing facility for 150 patients recovering from COVID-19 who were unable to go home because it would be too difficult to isolate. "The Inn" – which began operations April 16 – aided in quarantining patients who reside in Chelsea or Revere – two of the hardest hit cities throughout Massachusetts with high COVID-19 infection rates. MGH staff provided 24/7 medical monitoring and behavioral health support at the hotel, which remained open for 60 days.

SURGE STATS:

1.3 million

pageviews on COVID-19 site on Apollo, the MGH intranet

Artist Antonio Reonegro created this special "We Can Do It Together" painting for the Mass General community, honoring its determination and grit during the COVID-19 pandemic. The background of the painting features hospital staff, while the edges of the canvas feature historical photos of the MGH. Reonegro is renowned for the artwork he produced for the Grateful Dead from 1988 to 1995, which is included as part of the Grateful Dead collection in the Rock & Roll Hall of Fame.

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MGH**HOTLINE** SPECIAL EDITION

200 *years of* Patient Care

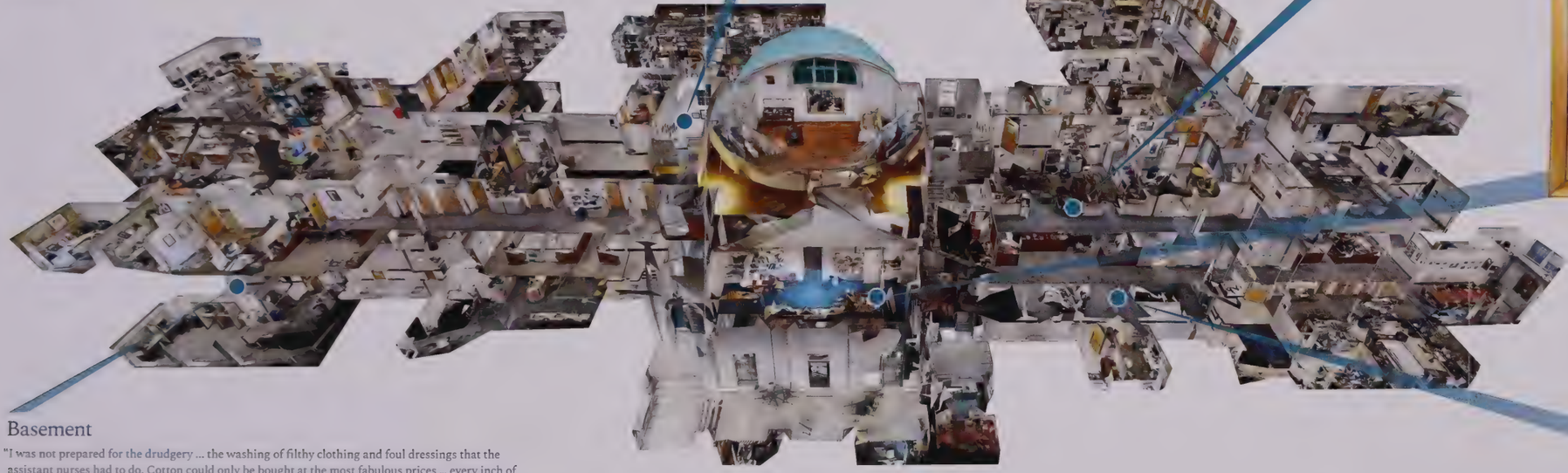
MASSACHUSETTS GENERAL HOSPITAL

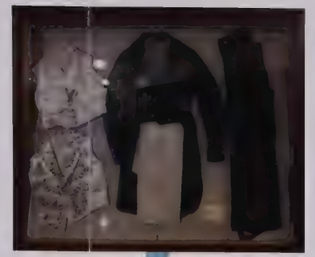
On Sept. 1, 1821, the first patient admitted to Massachusetts General Hospital arrived at its newly constructed Bulfinch Building, located along the banks of the Charles River. This young man, a 30-year-old saddler — a person who makes and repairs saddles for horses — came to Boston from Charleston, South Carolina seeking treatment for a complex infectious disease and major scourge of the 19th century — syphilis.

Since its inception, thousands of patients and staff have walked through and worked in the 36,000-square-foot Greek Revival-style Bulfinch Building's hallowed halls. On this 200th anniversary, we celebrate this majestic and iconic structure that has been home to an extraordinary list of clinical, academic and research firsts, has served as a warm welcome and beacon of hope and strength, and has cemented its place in history — and in the hearts of so many.

Stepping into history

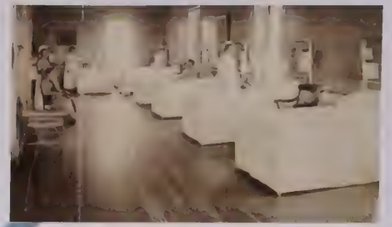
Learn more about the MGH's treasured historic Bulfinch Building through this in-depth, immersive 3D virtual tour, filled with photographs and highlights from the MGH Archives. Walk through the hallways, check out hundreds of interesting photos and facts on each floor, and enjoy videos of staff sharing their favorite memories, locations they love and architectural details that shouldn't be missed. Open the camera app on your cellphone and point it at the QR code below to be brought directly to this interactive online tour.





Floor 4

Jonathan Mason Warren, MD, (1811-1867) was an MGH surgeon best known for his work in reconstructive surgery. He was present at the first successful public demonstration of the use of ether for surgical anesthesia in 1846 and is believed to have been the first to administer ether to a child. Warren's family had close ties to the hospital — his father was MGH co-founder John Collins Warren — and his wedding clothes are preserved here. Since the average man of British descent at the time was about 5-foot-8-inches, these clothes indicate that Warren was short for his day, as well as ours.



Floor 3

Originally called "East Medical 30," the women's medical ward was renamed Bulfinch 7 in 1939, when the wards were given a more consistent set of names. Patients who had diseases considered to be highly contagious and a public health threat were often seen in isolation wards, but some patients were treated in wards such as this one. They may have had tuberculosis, typhoid fever or pneumonia.

Floor 2

The portrait of psychiatrist Chester Pierce, MD, (1927-2016) hangs within the Trustees Room. Pierce researched the relationship between racism and health disparities and pioneered the concept of microaggressions – small incidents of bias that have a cumulative effect on mental health. He served as president of the American Board of Psychiatry and Neurology and the American Orthopsychiatric Association, and as the founding president of Black Psychiatrists of America. He also consulted for NASA, the U.S. Arctic Research Commission and the Children's Television Network. Pierce was the first African American full professor to work at MGH.

Floor 1

For much of the 19th century, this area was the known as the "accident room," a predecessor to today's MGH Emergency Department. Many employees also called it the "bathroom" because it had a bathtub, which was used for washing patients' injuries. It was next door to the living quarters of the house pupils, known as medical and surgical residents today. There was a night attendant in the mid-19th century who was known for shouting "teeth in the bathroom!" into the house pupils' quarters when a patient arrived needing a tooth pulled. A more experienced surgeon would be called for more complicated emergencies, but the house pupils were able to pull teeth.

Basement

"I was not prepared for the drudgery ... the washing of filthy clothing and foul dressings that the assistant nurses had to do. Cotton could only be bought at the most fabulous prices ... every inch of old cotton and gauze had to be used over and over again. All this foul washing was done in the ward bathroom, and then sent to the general laundry to be more thoroughly washed."

—Georgia Sturtevant, who started as a nurse at the MGH in 1862

"If These Walls Could Talk..."

In 1997, when I came to interview with my future boss, Martin Hirsch, MD, asked me if I was OK to climb a few sets of stairs. His eyes were illuminated as he started telling me about the first surgery under anesthesia, explaining the pictures, the tools, and MGH's place in the history of medicine. I will forever be grateful for the Ether Dome to have revealed the soul of what makes MGH so great, the dedication and generosity of its doctors and staff.

—Francoise Giguel, laboratory supervisor
Harvard Virology Specialty Laboratory

When I first started at MGH in 1989, I used to enjoy taking my cafeteria tray to the Warren Library, a small library in the basement of Bulfinch, where employees were welcome to eat lunch while perusing books and magazines on offer. I miss that little haven!

—Pauline Lim, administrative/grants coordinator
Department of Molecular Biology

In 1974, my first job at MGH was the weekend secretary on Bulfinch 5 and 6. There were still patients in the Bulfinch Building in Male and Female Open Wards – 153 years after the first patient was admitted. That location on the second floor is now the site of the MGH Administration offices. What I remember most was the excellent nursing care patients received, in what would now be considered rather "primitive" circumstances, and how much everyone loved working there!

—Wendy DeMille, manager
Nephrology Academic Affairs and Dialysis Services

In my time at MGH I have seen many things change and buildings come and go, but the Bulfinch Building is one of the most interesting and iconic ones. From the dome to the museum to the stairwells, it is without a doubt the most impressive building of the group.

—Theresa A. Curley, patient services coordinator
MGH Revere HealthCare Center

When I started at MGH in 1970, I was a freshman co-op student from Northeastern University. I had rarely been inside any hospital before, let alone the sprawling, teeming network of buildings that was MGH that year. I was a shy introvert thrust into the bustling world of the Clinical Hematology Lab system and a sea of unfamiliar faces. In those early days, I spent many a lunch time in the Ether Dome with my first new MGH friend – Padi. Yes, my first buddy was Padihershef the mummy – the perfect lunch companion, not asking nor offering much in the way of conversation and never once testing my social anxiety. In those days, he stood erect in his glass humidor box, which enabled us to make eye contact as I sat in the first tier of seats with my brown bag sandwich. I have very fond memories of those lunches. I eventually made wonderful living friends at the hospital, but I never lost my connection with that beautiful quiet amphitheater nor with its resident Egyptian sentinel. I continue to stick my head in to say hi whenever I have the chance.

—Jeannie Casey, technologist
Core Lab Hematology

Two Centuries of Change

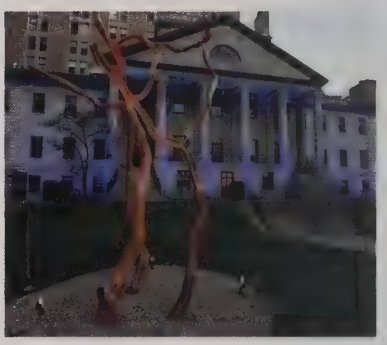
THEN & NOW

Patients and supplies were frequently **dropped off by boat** at the MGH wharf until the 1860s, when landfill moved the banks of the Charles River further west.

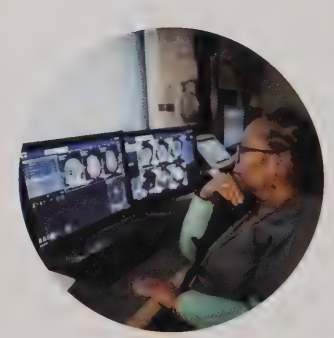
Today about **40% of patients come to the hospital via ambulance**, 50% by car and the remainder are brought here from MedFlight or public transportation, taxis and car services.

Early donations to the MGH's fundraising campaign included a a 273-pound sow and **an Egyptian mummy**.

A recent donation to the hospital is **"Open Arms," a sculpture installed on the Bulfinch Lawn**, created from fallen Spanish live oak trees, thought to be roughly 200 years old.



Physician Walter J. Dodd, one of **the first radiologists in the U.S.,** was an early innovator in the use of X-rays in medicine, and in 1896, he produced the first X-ray exposure at a Boston hospital.



MGH Imaging has evolved to become one of the largest departments at the MGH, **offering more than 1 million examinations and procedures on an annual basis**.

Staff posed on the **Bulfinch Stairs** to celebrate achievements with their colleagues.

Some things never change. Staff continue to use the historic entryway to document major milestones in their careers.

MGH Hotline

A Publication For and About the Employees of Massachusetts General Hospital

Massachusetts General Hospital
Founding Member, Mass General Brigham

MASSACH
GENERAL
CORRIGAN
HEART CEN

Dishin' with the Dietitian: Bringing Heart-Healthy Food to Mass General and Beyond

"There isn't a day I don't feel excited, blessed and privileged to work with MGHers – they make me better."

Debbie Krivitsky, RD, LDN, is a clinical dietitian in the MGH Cardiovascular Disease Prevention Center. She spends her days teaching groups and individual patients how to select and prepare heart-healthy foods and providing them with current, evidence-based nutrition education. In addition to helping her patients meet their dietary goals, she finds joy in learning from her colleagues at the hospital.

"I learn something new from them every day," Krivitsky says. "The people who work at Mass General are so smart and able, and the lessons I learn from watching and talking with them are invaluable. We work hard, but we do it because we want to lift each other up and be the best we can be for our patients. We each have unique skillsets that allow us to provide this comprehensive care."

Krivitsky started her journey as an MGHer in 1981 when she became the first student accepted into the MGH Institute of Health Professions' clinical nutrition graduate program. About 16 years ago, she returned to Mass General to work as a dietitian and is now proud to be known as the hospital's cardiac dietitian.

"I help people who want to prevent heart events and those who have already had heart events," she says. "Some of my patients have complex medical issues, so I partner with them to create healthy and sustainable habits."

Krivitsky says there is a strong connection between eating and emotions, and for many of her patients, this made managing healthy habits difficult during the COVID-19 pandemic. Stress and isolation became significant factors in their food selection and led to worsening eating habits.

There were, however, silver linings for Krivitsky during the pandemic as she began doing more telehealth and virtual visits – her patients didn't need to worry about the stress of parking and driving in Boston, and it was helpful for her to be "in" their homes and personal kitchens through Zoom.

"If I needed to look at a nutrition label or brand, the patient could grab it out of their pantry and we could read the label together," Krivitsky says. "It allowed me to make things personal and tailored to them."

The pandemic also gave Krivitsky the opportunity to reach a larger audience on her YouTube channel, "Dishin' with the Dietitian." Knowing many restaurants were struggling early on, she began to feature several locations in the North End on her livestreams if they introduced a heart-healthy dish to their menu.

"You can now get a heart-healthy pizza in the North End," Krivitsky says. "The chefs there can cook anything, so why not make something heart healthy?"

Krivitsky says she hopes her weekly livestreams gave patients and viewers a sense of connection and consistency in the height of the pandemic.

"The pandemic made everyone feel a little isolated," she says. "People really had to face themselves, and that made it hard to stay motivated and on track sometimes. During that time, it was important for me to remind people about healthy habits and for them to know someone was there to support and check in on them." ■

"There isn't a day I don't feel excited, blessed and privileged to work with MGHers – they make me better."

Krivitsky prepares a meal in the MGH Cardiovascular Disease Prevention Center kitchen

From the West End to the West Wing: One MGH Physician's Experience of a Lifetime

Though 442 miles separate the Mass General Emergency Department from the White House, the clinical world and public policy worlds do not feel that far apart. At least not for Alister Martin, MD, MPP, an MGH Emergency Medicine physician who, for the past year, served as a White House Fellow in the Office of the Vice President and the West Wing Office of Public Engagement.

"Every day here the stakes are so high, it's like being in the Emergency Department where every decision matters, because at the end of the day there are myriad downstream consequences to what this White House does," says Martin. "My perspective has always been to have one foot inside the clinical world and one in the policy world, so this fellowship was an opportunity for me to go upstream and examine and address the broader policy issues that impact our patients in a big way."

During his 2021-2022 fellowship year, Martin worked directly with Vice President Kamala Harris, learning from her, helping with meeting preparations, working on a team, and helping to plan and run events and engagement opportunities. He also was able to serve as an advisor on voting rights – an area of particular expertise from his prior work with VotER, a program he founded to connect health care institutions with the tools and training to register health care workers and patients to vote.

> "These last few months have been a grueling stretch, but what I've found is that a small group of changemakers can make all the difference in times like these."

Martin with Amber Escudero-Kontostathis, the sole survivor of the lightning strike

In the West Wing Office of Public Engagement, Martin helped run the White House's health equity portfolio, which included managing outreach to the health care provider community keep them updated on the latest vital public health happenings. He also helped lead the White House Health Equity Roundtable as well as five Health Equity Forums, where an important health equity topic, such as housing or economic mobility, was examined to better understand how the administration is tackling the issue, and to help spread the word about novel programs that health care providers and organizations can use to help their patients with that issue.

"These last few months have been a grueling stretch, but what I've found is that a small group of changemakers can make all the difference in times like these," says Martin. "The federal government is the best way to impact the greatest number of people in the greatest number of ways. But it relies on the innovative work of changemakers across the country to be nimble and identify novel solutions that the government can then scale in a massive way."

During this fellowship, Martin also had the opportunity to go aboard the USS George H.W. Bush aircraft carrier. It served as yet another example of the similarities between his two worlds. "I was able to watch our Navy at work and watch a drill and see these jets land on this naval carrier – it was like a ballet of mechanized steel," Martin says. "To see it work so fluidly with very little verbal communication, it was almost like they were reading each other's minds, which is reminiscent of when we are in the hospital and a code or resuscitation is unfolding. It requires a similar level of unspoken trust and coordination to provide seamless care."

Having an Emergency Department physician at 1600 Pennsylvania Ave. was fortunate this past summer when, on Aug. 4, lightning struck four people outside of the building. Martin recalls a scene he never hopes to see again, of "people scattering from the lightning and the four downed victims, while Secret Service agents ran toward the victims." Martin joined Secret Service to assist by providing CPR and AED shocks on scene before additional help arrived. Two of the patients were revived by the time EMS arrived to transport the patients to the hospital. One of the surviving patients subsequently died in the intensive care unit.

Two weeks after the incident, Martin met with the lone survivor at the White House, shortly after she was released from the hospital. They reflected on the circumstances that brought them together and celebrated the start of what Martin feels is sure to be a lifelong friendship.

Martin has now completed his White House Fellowship and has made the journey from the West Wing back to the MGH Emergency Department and looks forward to the continued success and growth of three programs he helped establish: the VotER program; the Get Waivered program, helping patients receive access to opioid addiction treatment; and GOTVax, an initiative aimed at delivering vaccines directly to vulnerable communities throughout Boston.

"This past year was a whirlwind," says Martin. "It blew my expectations out of the water, and I loved every second of it, but I'm happy to be back home at Mass General with my patients. What I'll mainly take away from my time in the White House is that it all comes down to relationships and how you treat people. I'll carry the people I've met and the friends I've made this year with me for the rest of my life." ■

Moving Forward: Be Well Challenge Improves Well-Being Among White 6 Staff

Finding the time and energy to focus on personal well-being has never been easy for most health care workers.

In hopes of addressing emotional fatigue among staff at Mass General, Suzanne Algeri, RN, associate chief nurse, developed the Be Well challenge – a six-week program focused on improving employees' mental and physical well-being through friendly competition. Participants earn points for their team by engaging in activities such as yoga, walking, meditation and journaling.

"When people do things like this in a group, they're more likely to achieve goals they might not have otherwise," Algeri says. "Being part of a team really motivates you."

Inspiration for this challenge came from the Be Fit wellness program, which launched in 2005 to help employees improve their physical fitness and well-being through a similar team- and point-based approach. While Be Well also incorporates physical fitness, its primary focus is on mental health and overall wellness. Participants have the option to use the Maslach Burnout Inventory Toolkit – a questionnaire that measures burnout in health care workers – to assess their wellness before and after completing the challenge.

The first MGHers to participate in Be Well were two teams of White 6 staff. Among them was Kelly Brown, RN, who has worked at Mass General for 16 years and has seen a significant improvement in her overall well-being since starting the challenge.

"Nurses are always so focused on others and providing the best quality care for our patients, so we lose track of taking care of ourselves," Brown says. "With this challenge, I was able to reflect and ask what I could do for myself each week."

Brown says the support and sense of community she felt from her Be Well team pushed her to achieve her goals during the challenge.

"I'm grateful to work alongside incredible people who care so much about others and are so passionate about what they do," she says. "I see it every day. The Boston and Mass General communities have huge wellness support systems, and there are many organizations and individuals who want to lift each other up and spread wellness."

Brown recently joined a yoga studio as a result of the program and plans to maintain a mindful, healthy routine going forward. She also hopes to make wellness a larger part of the MGH culture by creating more opportunities for staff, including a small group kickboxing class for White 6 staff on the Bulfinch Lawn.

"Kelly's enthusiasm for this program was contagious," Algeri says. "She was so passionate about bringing this forward and took the initiative to contact potential health vendors to support a group event. I think this kickboxing class will open people's eyes to an activity they might not have been aware of before."

Brown and Algeri

Brown worked with Title Boxing to plan the upcoming event. She hopes to continue hosting events in the future to introduce staff to other local fitness centers and healthy restaurants.

"After the last two and a half years, we hope people are in a place to move forward," Algeri says. "Not to move on, but to move forward. People are tired – but by bringing resources and people together, we can lift each other up." ■

White 6 staff

From left: Ali Parmar, senior project manager, Nursing Administration and Support Services; Brown; Miguel Ferry, staff assistant, Nursing Administration and Support Services; Algeri; and Gladys Francisque, RN, nursing director, White 6, who helped to develop the Be Well challenge

"When people do things like this in a group, they're more likely to achieve goals they might not have otherwise."

icare in Action: Honoring MGHers for Exemplary Care

As part of the icare in Action Program – formerly the Excellence in Action program – the MGH Office of Patient Experience seeks to recognize and reward staff members and/or teams who have been featured in patient letters, emails and notes of commendation delivered to the MGH and MGPO presidents, senior leadership, the Office of Patient Experience and the Office of Patient Advocacy. The following letter was recently shared by Andrea Saltzman:

I'm back at MGH, but this time on White 9, where my 97-year-old mom is a patient. She's sleeping now, and near the end of her life. While she rests, I want to tell you about the care she received here.

I'll start with the ER. It was a long wait there, so I had lots of time to observe. The staff did their utmost to keep us comfortable and begin her treatment. They were patient and kind. Someone even had the wisdom to request a consult from geriatric Palliative Care. Janet Rico, NP, spoke with us at length and reassured me that it was a reasonable plan for us to admit my mother to treat her anemia and a painful skin cancer on her ankle. This was a comfort, as my siblings and I were worried that we were doing too much. She spoke gently to my mom and complimented her on the size and success of her family. Both my mother and I were very touched.

When my mom's PCP called me in the ER to check on us, our nurse Christopher Vaudo, PA-C, talked for quite a while with the PCP, despite a very busy night.

> "The staff did their utmost to keep us comfortable and begin her treatment. They were patient and kind."

Next, I got a call from Luis Ramos Burgos, MD, while still in the ER. Dr. Burgos introduced himself as her new doctor on White 9. He took a very detailed history by phone and answered every question I had. He patiently listened as I spelled out every medication from her med list. I met him when he greeted us on the floor. The admission was smooth, efficient, and calm, despite the late hour.

I later met Jamie Brett, MD, PhD, who carefully explained the plan of care, which all made good sense. Unfortunately, early the following morning, Dr. Brett called me again. My mother had become septic overnight, and I needed to come in to discuss next steps. When I arrived, she carefully took me through the course of events, and why she was recommending comfort measures only from that point. Then she explained the whole thing again by phone to my sister in Chicago. Remarkably, she then went through it a

Lennes, Brown and del Carmen, at center, congratulate staff for providing and supporting extraordinary care.

third time with my sister in Seattle. She never showed even a hint of annoyance or impatience despite how long all of this took, and our many questions.

So now we are on comfort measures. I update my family frequently, and my Chicago sister (a nurse) remarked on how nice it was that the hospital had moved us to a private room. I reminded her that we are at the MGH, where things are done properly, and that we had not been moved. My mom's roommate was moved. My mom has been peacefully resting without any additional transfers. We've been blasting songs from the 40s and enjoying the sun coming through her large window.

Her nursing care has been extraordinary. I would like you to know that Shahrzad Bakhshalizadeh, RN, Madison Thomson, RN, Ariana Alves, RN, and Heather Evoniuk, RN, have gone above and beyond, every single day and night. Cynthia Cooper, MD, has stopped by to check on us twice, both times with incredible grace.

This morning, for the first time in a long time, my mother woke up, lucid and engaged. I guess it was a final surge at the end of her life. She had a cup of hot, black coffee, which she enjoyed tremendously. She spoke by phone to two of my siblings. One of the nurses offered to walk to Whole Foods and buy some strawberries which my mom thoroughly enjoyed.

My family and I are grateful beyond words for the care she received. It surpassed our expectations by miles. ■

icare in Action Program Seeks to Recognize, Celebrate Staff

icare in Action wants to recognize those individuals and teams who go above and beyond from the patient perspective in exemplifying components of the icare model: communications, advocacy, respect and empathy. Selected recipients will be recognized by senior leaders, including David F.M. Brown, MD, MGH president, Marcela del Carmen, MD, MGPO president, and Inga Lennes, MD, senior vice president of Ambulatory Care and Patient Experience. Recipients will receive personalized recognition and tokens of appreciation.

Please send submissions to Cindy Sprogis at csprogis@partners.org.

Small but Mighty: MGH Clinic Administers More Than 3,000 Monkeypox Vaccines

"We're a small clinic that was tasked with a big job!"

In May, Mass General diagnosed the first case of monkeypox in the United States during the recent global outbreak. In the ensuing months, the MGH Sexual Health Clinic has played a large role in addressing the prevention and care of individuals at risk for – or diagnosed with – monkeypox infection across Massachusetts. On July 6, its staff began offering vaccinations to at-risk individuals and has since administered more than 3,000 doses. Suzanne Morrison, manager of the MGH Sexual Health Clinic, says while this effort has been challenging, it has been equally as rewarding.

"It's been exciting and chaotic," Morrison says, "but our patients are incredibly grateful that we have the vaccines. We've made a bunch of new friends at Mass General in the process, too."

Clinic staff have worked closely with colleagues in the Mass General Ambulatory Management, Patient Access Center, Department of Pharmacy, Infection Control Unit, the Mass General Brigham COVID-19 Nurse Line and Mass General Brigham Digital Health to make vaccinations accessible.

Morrison is particularly grateful for the Bulfinch Temporary Service nurses, who help staff the clinic and vaccinate patients. Jessica Dejoie, RN, has been assigned to the clinic since August and says her patients are thankful and eager for the opportunity to receive the vaccine.

"This experience has been wonderful," she says. "Patients ask lots of questions, which is great. It's nice to see how many people are willing to get vaccinated."

Although clinical guidelines and workflows are continuously changing, Kevin Ard, MD, medical director of the Sexual Health Clinic, says the team was prepared for unpredictability thanks to its experience with COVID-19 vaccinations.

"We had all accepted guidance could change at any time, so we were ready for things to evolve and change," he says. "We had all been through that once before in such a major way with COVID-19, so we rolled with it."

One of the most challenging changes for the team came in August when vaccine administration was switched from a subcutaneous to an intradermal injection. Jacob Lazarus, MD, PhD, attending physician in the MGH Infectious Disease Unit, says while the change was difficult, it was ultimately the right decision for patients.

"Moving to intradermal allowed us to give less vaccine and get the same immune response," Lazarus says. "This meant vaccinating more people."

Revisha Gobardhan, administrative director for the MGH Infectious Disease Unit, says as soon as the guidance on intradermal injection came out from the Massachusetts Department of Public Health, the team began organizing trainings for nurses, creating workflows and developing FAQs for patients.

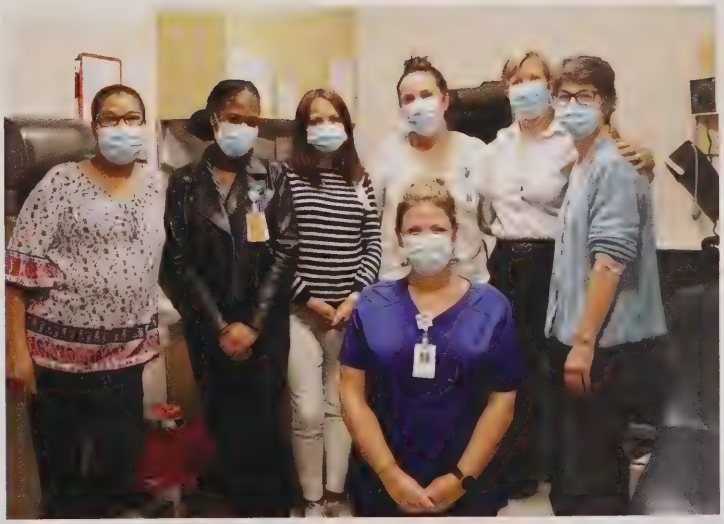
"Being on the back end and seeing what goes into the planning efforts has been inspiring," Gobardhan says. "I'm glad I had the opportunity to contribute in this way."

During public health emergencies such as the monkeypox outbreak, the Sexual Health Clinic team attributes its success to teamwork and the strong relationships they have within the MGH.

"This has all been really inspiring and impressive to watch," Ard says. "At Mass General, people really come together when it matters." ■

Dejoie administers a monkeypox vaccine

"Moving to intradermal allowed us to give less vaccine and get the same immune response. This meant vaccinating more people."



MGH Sexual Health Clinic staff

Be Prepared: Take Charge, Stay Safe in an Armed Intruder Event

"Who is in charge of my own safety?"

It is a question Matthew Thomas has participants ask of themselves during an armed intruder training. Though an armed intruder event – defined as someone or someones trying to cause the most amount of carnage in the least amount of time – is least likely to occur in a health care environment, the threat is not zero, so preparedness is key, says Thomas.

"We have to be prepared. Regardless of where we are, we have to take ownership of our own safety in that moment until law enforcement arrives to neutralize the threat."

Thomas, a Training, Development and Communications specialist in MGH Police, Security and Outside Services, has more than two decades of experience as a security officer and supervisor, and has taught hundreds of classes to help people be prepared in difficult and worst-case scenario situations.

"I'm not here to scare anyone, I'm here to remove any complacency," says Thomas. "Most of these incidents happen quickly and end quickly, and our goal is to prevent as many casualties as possible. So we want to be aware, we want to be focused and know what to do if a situation does arise."

Know the Signs

To date, Mass General has had no armed intruder incidents, but because the hospital often sees aggressive behavior, knowing what motivates an armed intruder is important.

"Hospital shootings tend to be targeted and personal," says Thomas. "Typically, there is only one victim, and some sort of personal relationship. These are not just random acts."

Hospital staff can learn to recognize the signs of someone – be it a patient, visitor or even colleague – who may be displaying potentially violent behavior. When these behaviors are recognized, Thomas says, they can be managed or treated, and violence prevented.

Verbal and expressive indicators of potentially violent behavior may include:

- Expression of suicidal tendencies
- Talking about previous incidents
- A focus on dangerous weapons
- Paranoid thinking
- An overreaction to workplace changes
- Depression or withdrawal
- Unstable emotional responses
- Intense arrogance, powerlessness, anger or hostility

- Sudden excessive drinking or drug use
- Increased absenteeism
- Blaming others

"We don't want to be the people who saw something and didn't say something," he says. "We want to be the people who see something and say something."

Run, Hide, Fight

What should you do if faced with an armed individual?

Run. Hide. Fight.

This is what the Department of Homeland Security has suggested for years, and it is the same approach adopted at the MGH. The common goal for all these approaches is survival.

"The farther away you are, the better off you're going to be," Thomas says. "Know your escape paths here at work and outside of the MGH. Get somewhere safe as quickly and efficiently as possible."

Should you choose to hide, get to a place where the intruder is least likely to find you. Be out of view, lock or barricade a door, silence phones and stay quiet. Put as much stuff as possible between you and the intruder, Thomas says.

As a last resort, and only if in imminent danger, be ready to fight to try to take out the intruder. "At that point it's either 'them or us,' and we need to protect ourselves," says Thomas. "Use anything you can locate in your immediate area. We need to take actions to keep ourselves safe and walk out of the situation unharmed."

"Respect that everyone has different experiences that cause people to respond in different ways. How we respond is a personal choice," Thomas says. "If you are an employee of Mass General, you will be supported in your decision, whether that decision is to run, to hide or to fight."

Preparedness is Key

Typically, an armed intruder event ends with law enforcement's response and actions. However, before law enforcement's arrival, staff should feel capable and confident. This is where training and preparedness are crucial.

"You may be the first responders before they arrive. Bystander intervention can be the difference between life and death," says Thomas. "People who train or know what to do in the unlikely event that an incident occurs are more likely to take positive action for their own safety or the safety of others."

Untrained people tend to be afraid, panic, or fall into disbelief and deny the situation, he adds, whereas trained people – who also will be afraid and anxious – won't panic and will be able to function.

"We revert to training when all else fails. When we do things consciously at first, they turn into unconscious habits that allow us to react effectively when needed."

MGH Police and Security offers a number of trainings in person and through HealthStream, to help staff be prepared, including:

- AVADE Workplace Violence Prevention
- Strategies to Prevent Workplace Conflict & Violence
- Armed Intruder/Active Shooter Training
- Workplace Conflict, Violence Prevention Training
- Security Awareness & Vigilance for Everyone (SAVE)
- Safety Before, During and After Home Visits
- Missing Child-Infant Security Response Training

These trainings are free. All MGH staff are strongly encouraged to complete them, and all managers are strongly encouraged to allow their staff the time to do so.

"This is a tough topic to talk about and think about," says Thomas, "but knowing the tools and skills to use in a crisis can mean the most positive outcome possible." ■

MGH Police and Security

Main Campus:
617-726-2121

Charlestown Navy Yard:
617-726-5400

Charlestown HealthCare Center:
617-724-8151

Chelsea HealthCare Center:
617-887-4300

Revere HealthCare Center:
781-485-6464

Mass General/North Shore (Danvers):
978-882-6444

Mass General Waltham:
781-487-6999

Assembly Row:
857-282-6000

Main Campus, CNY and Assembly Row sites provide 24-hour coverage. All other sites provide coverage during operating hours only.

For questions or training inquiries, Matthew Thomas can be reached at mdthomas@partners.org.

Expanding and Adapting: MGH Revere Food Pantry Meets Community Needs

Of the many ways COVID-19 has impacted local communities, changes to the food landscape have been among the most significant. With families facing reduced incomes and food supply chains around the world continuing to be disrupted, finding affordable, nutritious food has become more difficult for many people.

The patient population at the MGH Revere HealthCare Center – which experienced high rates of food insecurity prior to the pandemic – was hit hard by COVID-19. In early 2020, staff say they saw an increased need for patients to have access to fresh fruits, vegetables and plant-based, shelf-stable foods.

The MGH Revere Food Pantry responded by increasing the number of patients they served each week.

The program was established in November 2019, only months before the pandemic began. With only a refrigerator and a few shelves in the back of an office, Mike Lenson, program manager at the Revere HealthCare Center, and Melanie Pearsall, RD, senior clinical nutritionist, worked together to provide healthy food and recipes to patients every Friday.

"The program started out with 10 to 20 food-insecure patients who also had high levels of chronic disease," says Lenson. "We really wanted to change their

Juan Velez Preciado, food pantry assistant, in the pantry's new space

From left: Preciado, Lenson and Kenton Benloss, youth outreach worker, prepare to distribute food to patients

outcomes by providing healthy, plant-based food options. Our recipient roster quickly grew to 100 when the pandemic started, and we have a very long waitlist right now."

Lenson and Pearsall have since adapted to serve the larger patient roster, even as COVID-19 restrictions remain in place. The food pantry was able to expand into space at the MGH Revere Youth Zone, and the cooking demonstrations Pearsall once did for patients in person have moved to YouTube.

"I try to create meals that people can easily make at home," Pearsall says of the videos. "The recipes aren't complex – they're just fruits, vegetables and flavor combinations people might not have tried before. All the food we provide is plant-based, and people love it."

In keeping with its mission to serve as many patients and families as possible, the food pantry celebrated the partial opening of its new, more permanent location at 300 Ocean Ave. in Revere earlier this month. As staff continue to develop the space in the coming months, it will also become home to a teaching kitchen.

"We hope this new space will help us tap into the MGH community more," Lenson says. "We'd love to have staff do cooking demonstrations and engage with other departments." ■

"The program started out with 10 to 20 food-insecure patients who also had high levels of chronic disease. We really wanted to change their outcomes by providing healthy, plant-based food options."

October | 2022

Dear Readers,

After a hiatus during the COVID-19 pandemic, we are so excited to bring back MGH Hotline in its printed form to continue to share the stories of the people who make Mass General the extraordinary place it is.

Hotline will continue to be the newsletter to celebrate and recognize the employees of Mass General. We hope you enjoy this new longer-feature format that will be printed monthly and will be available in distribution bins throughout the hospital.

As we make our return to print, we want to hear from you! If you have a great patient care story, know a colleague who has gone above and beyond, or are part of a program making great strides, let us know. Share your stories with hotline@partners.org.

Enjoy!

Your Hotline editors

On the cover:
Painting by Andrea Saltzman of the nightime view from her mother's window on White 9. Read the full story on Page 8.

Contact the Hotline Editorial Team: Colleen Delaney, Colleen Keilty and Noelle Tardiff
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MGH Photography Lab: Jeffrey Andre, Paul Batista, Kate Flock, Michelle Rose

MGH Hotline

A Publication For and About the Employees of Massachusetts General Hospital

Massachusetts General Hospital
Founding Member, Mass General Brigham
Massachusetts General Hospital
Founding Member, Mass General Brigham

Mass General: A Teaching Hospital for the 21st Century

"Simulation labs help me become a better provider. It is important for students to gain exposure to complex cases. Having the ability to talk things out with my preceptors when I'm not sure what to do next is amazing."

Korey White, MPH, physician assistant student, participates in an MGH Learning Laboratory simulation session

Graduate Medical Education
Watch this video to learn more about the trainee experience and hear from residents, fellows and program leaders about the exceptional learning experiences offered at Mass General.

On Oct. 16, 1846, William T.G. Morton made history in the Massachusetts General Hospital surgical teaching amphitheater when he demonstrated the first successful public surgery using the anesthetic ether – setting the stage for centuries of discovery and innovation at Mass General. Now known as the Ether Dome, the amphitheater is an embodiment of MGH's mission to advance care through education, research and service to the community.

Opportunities to learn can be found in every corner of the hospital – from the MGH Learning Laboratory to the Paul S. Russell, MD Museum of Medical History and Innovation. Teaching, learning and advancing knowledge have been part of Mass General's rich tradition since its founding more than 200 years ago, and the impact of that tradition is seen in the care provided by the thousands of trainees, staff and alumni around the world.

"Education has always been a central element of Mass General's DNA from the very conception of the Ether Dome," says James Gordon, MD, MGH chief learning officer. "And I suspect there is more teaching, learning and education in the health professions going on at Mass General on any given day than in most other places in the world."

The original and largest teaching hospital of Harvard Medical School and founder of the MGH Institute of Health Professions, Mass General is dedicated to training and mentoring health professionals at all stages of their development. Learners benefit from rigorous, top-notch training and faculty expertise, staff benefit from challenging one another to strive for excellence, and patients benefit from the world-class education their health care providers receive. ■

Education and Resources at a Glance

27 residencies and **128** fellowship program supporting close to 1,500 physician trainees per year

300 Harvard Medical School students rotating at MGH per year

1,600 health professional students at the MGH Institute of Health Professions per year

More than **2,800** nursing and health professional students on clinical rotation per year

More than **80** training affiliations with health professions schools and universities

More than **10,000** MGH clinical staff requiring continuing professional development

Why is Investing in Education so Important?

- Each member of the health care workforce must continually develop new skills as clinical practice evolves to provide the very best care.
- Interprofessional team training and systems-based practice are critical elements of high-quality patient care.
- Organizational excellence is directly linked to systemwide adoption of best practice protocols for patient care and critical event management.
- Health systems that prioritize education provide better care.

A Transformational Gift: Enhancing Education for the Future

Mass General's longstanding commitment to education has provided the model for academic medical centers around the world. Now, with the support of a recent $50 million transformational gift from The Lunder Foundation of Portland, Maine, Mass General is setting out to reinvent health care education and ensure revolutionary results for every patient.

The Lunder Learning Initiative strengthens MGH as a clinical "health care university" where the education mission supports the training of future providers, which supports better care for all patients.

"This is an unprecedented opportunity to enhance education and quality of care across the institution and to serve as a local, regional, national and international resource for education," says James Gordon, MD, MGH chief learning officer. "The expertise, history and support for teaching and learning at Mass General can be used to set a new global standard for prioritizing education to enhance patient care in the 21st century."

This gift will enhance the training of future providers in all roles by supporting three major educational initiatives designed to strengthen and expand the ability to teach and learn: the Peter L. Slavin, MD Academy for Applied Learning in Health Care, the Lunder Learning Hospital and the MGH Learning Endowment.

"I'm excited about this opportunity for all of us to work together, to be able to teach and learn together, to be able to fundamentally improve patient care at Mass General," Gordon says. "This is a wonderful chance to highlight the importance of education in the provision of high-quality, safe, efficient patient care." ■

The MGH Learning Endowment

The MGH Learning Endowment will sustain the long-term impact of the Slavin Academy and the Learning Hospital. The inaugural $5 million endowment will provide programmatic resources and establish two faculty chairs: the David F. M. Brown, MD Endowed Education Academy Chair and the Lunder Family Endowed Education Academy Chair, which will become the James A. Gordon, MD Endowed Education Academy Chair when Gordon chooses to retire. This initial gift will launch a challenge to raise funds for additional education chairs in collaboration with each department, further expanding the hospital's ability to support innovative teaching and research that will drive change in learning science throughout the health care field.

The Lunder Learning Hospital

The Lunder Learning Hospital will serve as a large-scale, unified training ground for students, trainees and staff across the institution. Providers will train on lifelike simulators and instructional models with actors portraying patients, allowing for a space to practice and learn together in a safe environment. This mirrors real-life clinical experiences and models care across the system. The Learning Hospital will also include classrooms and collaborative spaces. The holistic training provided there will ultimately enhance expertise, reduce errors and promote compassionate, expert and equitable care across campus while also serving as a world-class resource to support learners and institutions throughout the region, across the country and around the globe.

"This transformative gift will strengthen and broaden educational opportunities for all health care learners, improve care for patients and reinforce the hospital's legacy as a leading force in health education."

David F. M. Brown, MD, MGH president

The Peter L. Slavin, MD Academy for Applied Learning in Health Care

The Peter L. Slavin, MD Academy for Applied Learning in Health Care will serve as the institutional hub for this ambitious effort. Named in recognition of former hospital president Peter L. Slavin, MD, and his longtime commitment to education, this new center will support and develop teaching faculty across professions; foster educational innovation; explore and expand opportunities to introduce new practices and technologies; inspire and expand scholarship in the science of learning; and transform the landscape of interprofessional and systemwide medical education everywhere. ■

Mass General Slavin Academy Strategic Planning

✦ Develop **new models for education** that prepare future clinicians to offer high quality, efficient, team-based care. Developing a core group of clinician educators is key to this strategy.

✦ Focus on **education across all career stages and disciplines** by piloting and expanding new models of practice, continuing education and interprofessional education.

✦ **Enhance organizational structure** to represent and support the education mission across campus education and interprofessional education.

Mass General Slavin Academy Organizational Priorities

Promote Educational Mission Bolster MGH education leadership and educate internal and external audiences about value of the "teaching hospital."

Evaluate Educational Effectiveness

Increase education outcomes, research and publication.

Invigorate Educators

Develop the community, skill set and careers of MGH clinician educators.

Transform the Learner Experience

Expand innovative approaches to customized, deliberate and interprofessional educational experiences.

Sustain Educational Impact Strengthen external partnerships, alumni relationships, philanthropy and financial support for education.

Scan here for a **virtual tour of the Lunder Learning Hospital.**

Scan here for a **Harvard Macy Institute podcast** to learn about the impact of the gift from The Lunder Foundation and the role of simulation, learning and education at Mass General.

The Magic of Simulation: Routine Practice for Expert Performance

White with Carly Ally, PA-C, and Laura Paskind, PA-C, in the MGH Learning Laboratory

Upon entering the MGH Learning Laboratory, students across professions and career stages are greeted by the sights and sounds of a typical hospital room – complete with the blinking eyes of a robotic patient manikin. The lab's instructors control the manikin to simulate scenarios providers may encounter on the job. In a recent session, Korey White, MPH, a physician assistant student rotating through Mass General for clinical training, was tasked with diagnosing and developing a care plan for an 80-year-old patient presenting symptoms of a urinary tract infection following her hip replacement.

"Being able to complete simulations is so important for future providers," White says. "It allows us to encounter critical cases we might not always see in practice."

Using a range of adult and pediatric manikins, procedural task trainers and equipment such as ultrasound and defibrillators for simulation training, learners in the MGH Learning Lab can improve their skills with support from experienced simulation specialists. Working closely with the Knight Nursing Simulation Program and other teams, the Learning Lab also supports training "in situ," bringing teaching sessions into clinical areas to maximize the fidelity of the experience for learners of all levels.

"No matter what specialty one works in or whether one is a student or seasoned professional with decades of experience, the MGH Learning Lab provides the support needed to create and implement simulation-based training sessions in a judgment-free, risk-free environment," says James Kimo Takayesu, MD, Medical Education Fellowship director for the MGH/Brigham and Women's Hospital Emergency Medicine Residency and departmental simulation officer for MGH Emergency Medicine. "Looking to the future, we hope to continue expanding the role of simulation-based education to support the Mass General Brigham mission of clinical excellence."

The lab was created in 2009 to integrate clinical simulation as a quality and safety tool across the MGH. It now serves as a central resource for simulation-based training for essential skills including teamwork and communication, critical thinking and decision-making, and procedural, protocol and process skills. Moving forward, the lab and its affiliated community of practice will collaborate to develop the Lunder Learning Hospital as a consolidated platform for training across the entire workforce.

"We are all learners at heart and having shared experiential learning sessions has fostered improved relationships that translate into improved teamwork in the real clinical world," says May Pian-Smith, MD, chief of the Division of Quality and Safety, Department of Anesthesia, Critical Care and Pain Medicine. "It has been rewarding to work as a faculty member in the Learning Lab. Ultimately, it's all good for patient safety, and it's all good for clinician wellness and joy." ■

Teaching and Training: Support for Education Across the Hospital

MGH Executive Committee on Teaching and Education

The MGH Executive Committee on Teaching and Education (ECOTE) oversees all institutional matters relating to the teaching mission of the MGH. ECOTE supports thousands of students, trainees, educators and faculty across the health professions. The Slavin Academy was launched to strengthen the tools, programs and resources necessary to advance the hospital's education mission and to support evidence-based teaching models for lifelong learning across the health system. ■

Nursing and Patient Care Services

The Institute for Patient Care

The Institute for Patient Care is a collaborative of centers and programs driving innovations in patient care, staff education, research and knowledge development. As part of Nursing and Patient Care Services, the educational support provided to clinicians and staff is foundational to the MGH's ability to deliver exceptional care to patients and families.

> "As clinical care grows in acuity and complexity, continuing education is not only essential but critical to our success."
>
> **Gaurdia Banister, RN, PhD, Institute for Patient Care executive director**

Norman Knight Nursing Center for Clinical and Professional Development

With programs ranging from onboarding clinical staff in Nursing and Patient Care Services to workshops and simulations for interprofessional teams, the Norman Knight Nursing Center for Clinical and Professional Development provides continuing education for health care providers through the Accreditation Council for Continuing Medical Education, the Accreditation Council for Pharmacy Education, and the American Nurses Credentialing Center.

> "The Knight Nursing Center is committed to offering high quality, evidence-based and relevant programming for our staff. Our focus is on promoting lifelong learning and career development through our partnerships across Mass General."
>
> **Gino Chisari, RN, DNP, Norman Knight Nursing Center director**

Blum Learning Center

The mission of the Maxwell and Eleanor Blum Patient and Family Learning Center is to provide high-quality patient education and consumer health information services to Mass General patients, families and staff. The Blum Center team is committed to assisting patients and families to learn about their health, illness and health care, to supporting health literacy and to assisting staff in acquiring the skills necessary to effectively teach patients about health and illness.

> "For more than 20 years, the Blum Center has played a critical role in assisting Mass General to meet the comprehensive health education needs of patients and staff."
>
> **Brian French, RN, Blum Center and the Knight Simulation Program director**

Mass General Brigham Workforce Development

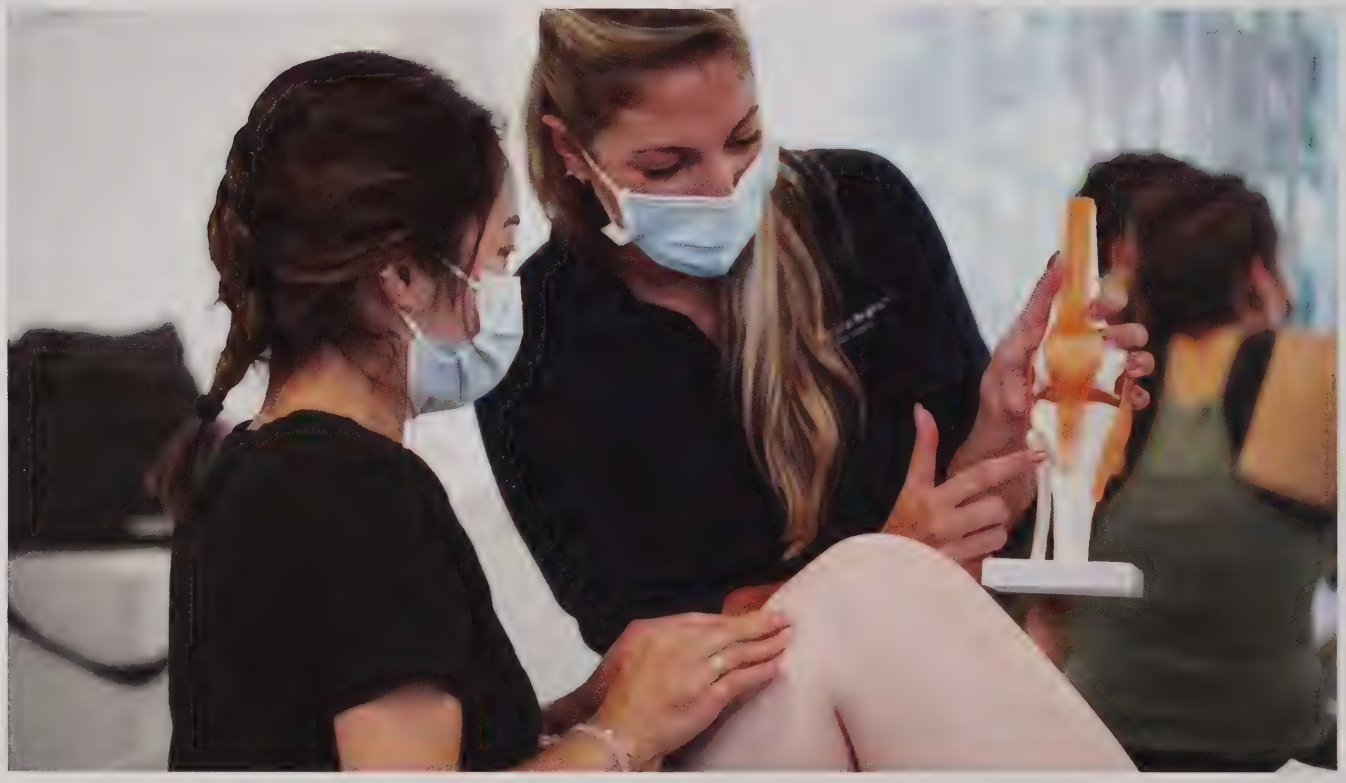
All employees, regardless of their prior experience or education, are encouraged to stay engaged and seek out new educational opportunities at Mass General. Workforce Development offers both online and in-person courses to help staff improve writing, technology and language skills, receive support when attaining U.S. citizenship, prepare for college and plan their career path.

MGH Institute of Health Professions: Innovative, Interprofessional Graduate School

Since its founding, the MGH has been home to people who are driven to make a difference – to better themselves for the sake of their patients. Whether that means earning a new degree, making a career change or learning a new skill, those opportunities exist throughout the hospital.

The MGH Institute of Health Professions (IHP), founded by Mass General in 1977 and located in Charlestown Navy Yard, makes achieving these goals possible for students through its degree and certificate programs focused on quality, equal access and inclusivity in health care. Building on more than a century of nursing school leadership at Mass General, the IHP's mission is carried out in the School of Nursing, School of Health and Rehabilitation Sciences and the School of Healthcare Leadership. ■

IHP students and educators



> "Our mission of educating the next generation of health care leaders is more critical than ever given the complexity of today's health care system."
>
> Paula Milone-Nuzzo, PhD, RN, MGH Institute of Health Professions president

Educational Support for MGH Employees

The MGH Institute of Health Professions' IHP Education Collaborative Incentive Plan offers tuition reductions of between 15% and 40% for select academic programs and all continuing professional development offerings. Scan this code or visit **www.mghihp.edu/edcollaborative** to learn more.

MGH Institute of Health Professions: Education by the Numbers

13:1 average student/faculty ratio	Students from **43** states and **10** countries
121 full-time faculty	**96%** graduation rate
1,636 students	**97%-100%** of entry-level graduates employed in their respective fields within six months of graduation

Take a Campus Tour

Take a virtual tour of IHP at www.mghihp.edu/mgh-institute-campus-tour.

Sharing Our History: MGH's Museum and Archives

> "Our history reminds us that the road to scientific discovery often isn't straightforward. While we have come a long way, we still have much farther to go."
>
> Sarah Alger, Paul S. Russell, MD Museum of Medical History and Innovation director

Mass General's educational mission encompasses not only trainees and faculty, but also patients, scholars and the community.

The Paul S. Russell, MD Museum of Medical History and Innovation, which opened in 2012 for the hospital's 200th anniversary, is the only freestanding hospital museum in the United States. The Russell Museum aims to inform and inspire patients and their families, students from grade eight through college and visiting health professionals and tourists from the world over. As its name suggests, the museum features artifacts and stories from the hospital's more than two centuries of history, as well as modern innovations. Current visitor favorites include an iron lung, a laparoscopy trainer and a cell sorter.

Programming – paused during the COVID-19 pandemic – included medical simulation sessions run by the MGH Learning Lab. The museum's monthly evening public lecture series features experts in research, clinical care and medical history.

Museum exhibits draw largely from the MGH Archives and Special Collections. The Archives — broadly defined as documents that serve as official records of the institution — span about a quarter mile of shelf space. The Special Collections — art and artifacts of historical significance — number about 2,000. The hospital's archivist fields queries from employees and scholars worldwide. The Archives' most frequently consulted collections are those about the 1846 ether demonstration and the social work service established in 1906 – the first in a U.S. hospital.

For more information about the Archives' holdings or about donating materials, visit russellmuseum.org/archives. ■

Scan the QR code to visit the MGH Archives and Special Collections online.

Pins from a collection donated by longtime Treadwell librarian Martha Stone

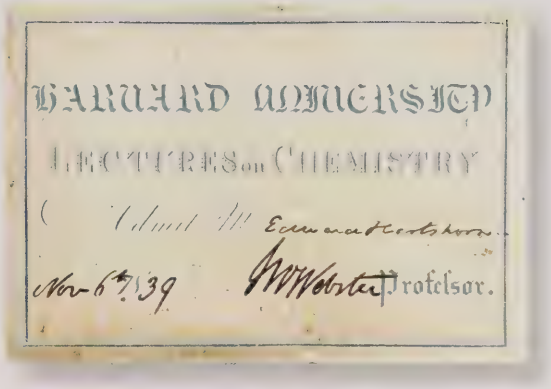
Education at Massachusetts General Hospital: A Brief History

1810

In their circular letter to notable Bostonians, appealing for funds to establish a general hospital, MGH co-founders John Collins Warren and James Jackson note the need for educational facilities:

"...[I]t is necessary to have a medical school in New England. All the materials necessary to form this school exist among us. Wealth, abundantly sufficient, can be devoted to the purpose, without any individuals feeling the smallest privation of any, even of the luxuries of life. Everyone is liable to suffer from the want of such a school; everyone may derive, directly or indirectly, the greatest benefits from its establishment." Serving as the first and largest teaching hospital of Harvard Medical School, Mass General has helped shaped medical education for more than two centuries.

1846



Unlike the highly codified medical education system in place in the United States today, Harvard Medical School students of the 1840s bought tickets to lectures held in classroom and hospital settings, including the first successful public demonstration of surgical ether anesthesia. In order to graduate, students had to prove that they attended each required lecture at least twice and that they had studied with a "competent physician" for at least three years. The medical school curriculum was revamped along lines recognizable today in 1869.

1860

Physicians-in-training – today known as "residents," then referred to as "house pupils" – are first lodged on the hospital grounds. Quoting from former MGH librarian Grace W. Myers' *History of Massachusetts General Hospital, A Continuation: 1872-1900*, "If the condition of a patient in a ward became unsatisfactory during the night, the nurse had to go to the house pupils' sleeping room and call the one assigned to duty on her ward." A nurse (Miss Elizabeth Robinson Scoville) of 1878, recalls the close quarters: "A dim twilight reigned in the room, and in summer each bed was shrouded in mosquito netting.... If a stumble was made it roused all the sleepers."
The MGH now hosts about 1,500 medical-surgical residents and fellows for training across specialties. Some of the most senior physician faculty still wear the "short" white coat historically worn by medical students and first year-resident "interns" to symbolize that even experienced faculty are always learning at Mass General. All physician faculty have appointments with Harvard Medical School.

Education at Massachusetts General Hospital: A Brief History

1873

Based on the principles of Florence Nightingale, Mass General opens what is to become the oldest continuously operating school of nursing in the United States: the Boston Training School for Nurses, renamed the Massachusetts General Hospital Training School for Nurses in 1896, and then, the Massachusetts General Hospital School of Nursing. The MGH School of Nursing graduates its last diploma school class in 1981.

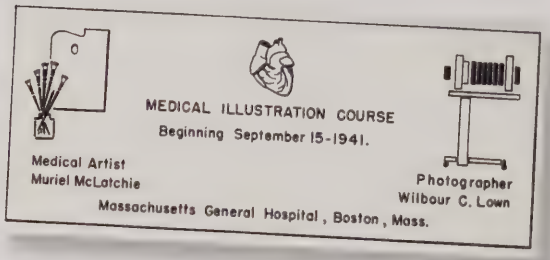
1910

Attention to health and nutrition was present from the MGH's earliest days. Mass General inaugurated its first program in dietetics in 1910. Early courses were brief affairs, expanding to six-, eight-, nine- and 10-month courses as the program grew in popularity, settling on a one-year program by 1934.

Mass General internist Richard Cabot works with pathologist James Homer Wright to adopt a teaching format different from the time period's long lectures: discussions of "actual cases of disease." These diagnostic conferences are then published as Case Records of the Massachusetts General Hospital in the *New England Journal of Medicine* and continue to be renowned and emulated the world over.

1941

Taking its first students in 1941 and graduating its last class in 1967, the Massachusetts General Hospital School of Medical Illustration was a short but influential chapter in the hospital's history. The field of medical illustration — depicting tissues and cells at the microscopic level, human anatomy and surgical procedures — has existed for centuries but made great advances in the early 20th century. Mass General's school was the third in the country, evolving the field from an assortment of self-taught practitioners to a profession with specialized training.



1944

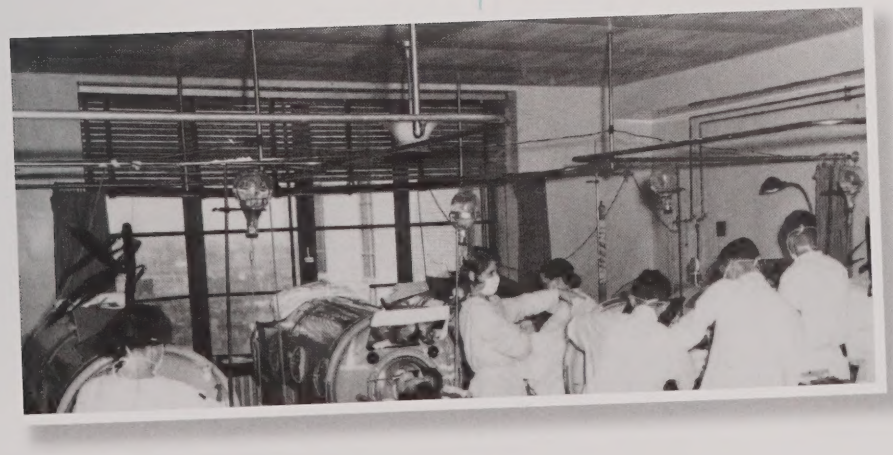
From former hospital director Nathanial Faxon's *The Massachusetts General Hospital: 1935-1955*: "On January 1, 1944, the '9-9-9 Plan' for resident training in hospitals during World War II, promulgated by the Office of Procurement and Assignment, became effective. This plan was arranged to provide resident and intern service in hospitals and to supply to the armed services a large number of partially trained medical officers, needed to fill the lower grades, and a smaller group of officers competent to fill the more exacting positions in all the specialties. The physician faculty, instead of deploring the shrinkage in size and lessened experience of the house staff, adopted as their watchword 'Let us do the best we can with what we've got.' This was the spirit of the entire Hospital. At the Medical School, all students except the few unfit for active service went on active duty in the Army or Navy on July 1."

1950

"During 1950, arrangements were consummated with the Massachusetts College of Pharmacy to institute a Pharmacy Internship Program. Upon completion of the two-year program, one year of academic instruction and one year of internship, the intern would be granted a Master of Science in Pharmacy degree, from the college, and receive a diploma from the hospital," Faxon noted in his hospital history. In the early 1960s, internships were replaced with a residency program.

1955

Frank Austen, MD, quoted reflecting on his experience treating polio patients in *Something in the Ether*, "In July, as I was about to go on holiday, Walter Bauer said that he would like me not to go on holiday at that time but to start admitting polio patients along with Jan Kochweser, another resident. We were both first-month assistant residents. Within two weeks, the volume of patients became so great that Bauer and the hospital made two additional decisions. The first was that no private doctor would be allowed to write orders on polio patients; all orders had to be made by Austen and Kochweser, because they were the ones developing on-the-job experience with the disease and they were in direct touch with Louis Weinstein, the acknowledged regional expert."



1977

MGH is awarded degree-granting authority by the Commonwealth of Massachusetts. In 1980, the MGH Institute of Health Professions opens, admitting its first master's students in physical therapy and social work. Certificate and degree-granting programs are now consolidated in the MGH Institute's School of Nursing, School of Health and Rehabilitation Sciences, and the School of Healthcare Leadership — which also now offers advanced degrees in the science of learning through its Health Professions Education program.

2005

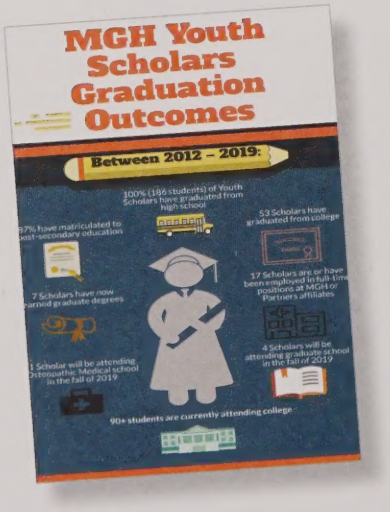
The Department of Psychiatry founds the Psychiatry Academy, providing international leadership in education and dissemination of best practices in mental health. Today, the Psychiatry Academy distributes more than 100,000 pieces of educational content each year and includes members from 127 countries.

2008

The Youth Scholars, STEM and Senior STEM programs are established by the Mass General Hospital Center for Community Health Improvement (CCHI). The CCHI Youth Programs open doors of opportunity and empower young people from Boston, Revere and Chelsea to overcome racial and social injustices. In total, these programs serve more than 1,000 students each year to create a sense of belonging, promote academic achievement and develop the leadership skills needed for students to thrive in school, excel in the workforce and transform the world.

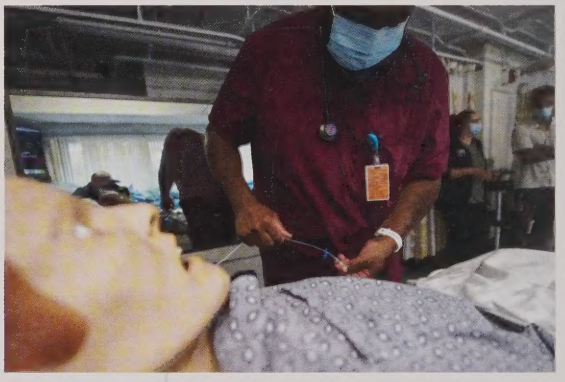
From as early as third through eighth grade, CCHI STEM and Senior STEM clubs aim to spark an interest in science, technology, engineering and math through partnerships with the Boys and Girls Clubs of Boston. From ninth to 12th grade, the emphasis of the Youth Scholars program shifts to educational attainment and college preparation with programming held on the MGH campus. Throughout the college years, the alumni program provides academic coaching as well as the social and emotional support students need to thrive in college and beyond.

Mass General ranks consistently as one of the top employers of the Boston Mayor's Summer Jobs program, providing meaningful summer employment to more than 100 young people per year.


MGH Youth Scholars Graduation Outcomes
Between 2012 – 2019:
100% (186 students) of Youth Scholars have graduated from high school
53 Scholars have graduated from college
87% have matriculated to post-secondary education
7 Scholars have now earned graduate degrees
17 Scholars are or have been employed in full-time positions at MGH or Partners affiliates
1 Scholar will be attending Osteopathic Medical school in the fall of 2019
4 Scholars will be attending graduate school in the fall of 2019
90+ students are currently attending college

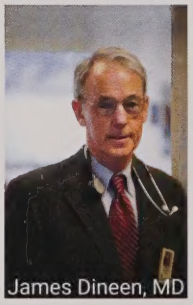
2009

The MGH Learning Laboratory is established to support simulation-based education as a new field of practice and study, expanding opportunities for MGH trainees and staff to engage in routine deliberate and reflective practice for expert performance. The lab provides a central infrastructure to support educational units and teaching fellows across campus and builds on a longstanding collaboration with community partners including the Center for Medical Simulation, a pioneering educational center founded by the anesthesia departments of the Harvard-affiliated hospitals in 1993. Since that time, MGH educators and faculty have played a leading role in developing simulation training locally, nationally and worldwide.



2010

The Lunder-Dineen Health Education Alliance of Maine is established with a gift to Mass General from The Lunder Foundation of Portland, Maine, designed to extend Mass General educational expertise to Maine residents and health care professionals.


James Dineen, MD

2011

The MGH and the IHP establish the first interprofessional dedicated education unit in the U.S. Through active observation, this innovative model assists IHP students in recognizing interprofessional collaboration and practice delivered by direct care clinicians. As these students assume roles in health care post-graduation, this education is essential in delivering exemplary team-based clinical care to our patients and families.

2012

The MGH embarks on a multi-year strategic planning process that includes a focus on teaching and education. Resulting recommendations will lead to appointment of an Executive Director for Teaching and Education (2015) and a Chief Learning Officer (2018) to support the education mission across professions.

2020

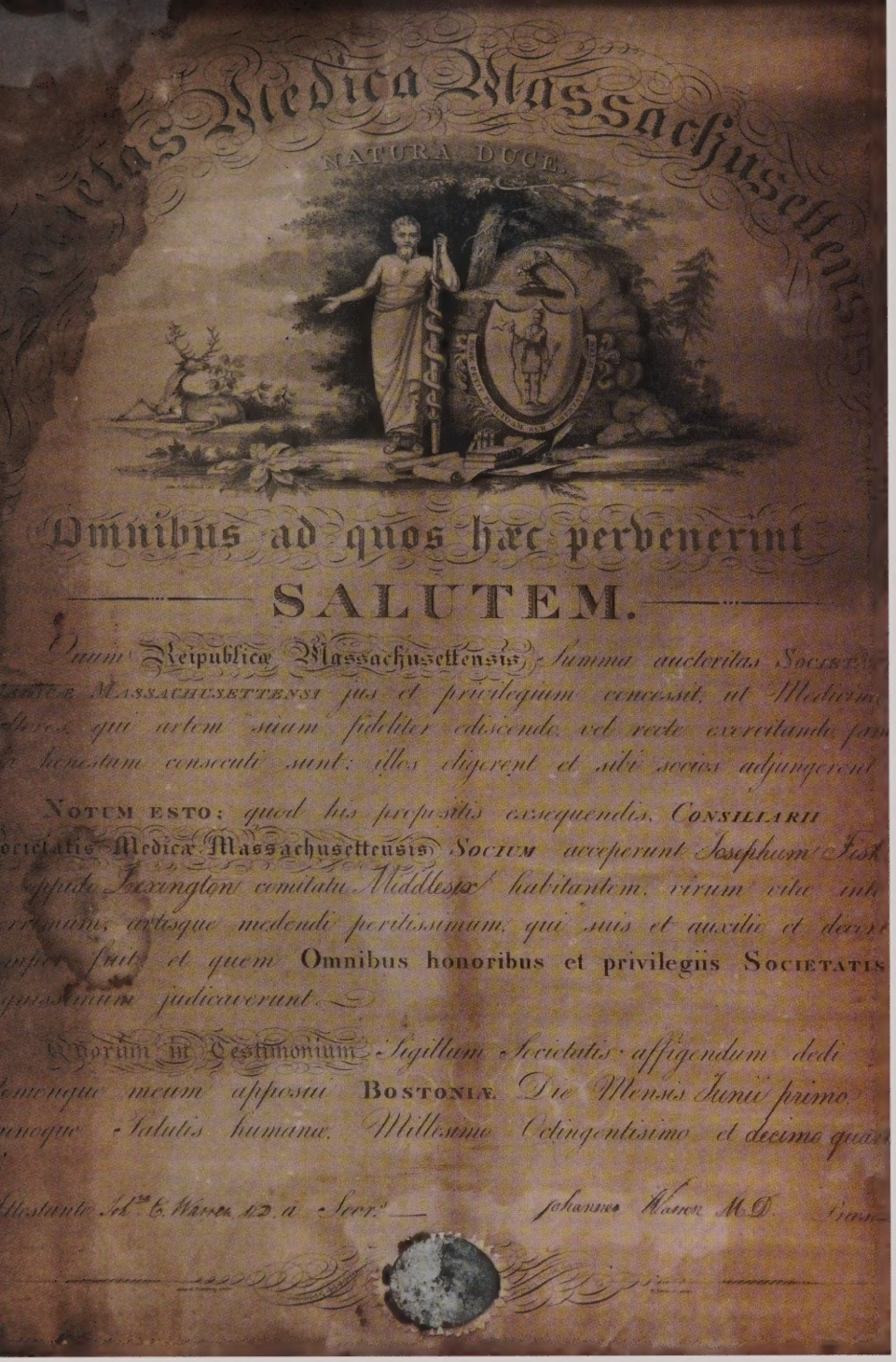
Mass General teams create and disseminate best-evidence treatment protocols for the COVID-19 pandemic, rapidly training each other and guiding the local, national and international community. Harvard Medical School students' clinical rotations were paused, and eligible students were able to graduate two months early to begin active COVID-19 patient care, and students who could not begin clinical duties immediately organized non-clinical COVID-19 response teams, such as the Harvard Medical School COVID-19 Student Response Team.

Building on years of leadership work to advance post-graduate clinical nursing education, the MGH Nurse Residency Program is awarded Accreditation with Distinction by the American Nurses Credentialing Center. The nurse training program is the first nurse residency in the city of Boston to achieve this credential, and the first in the nation to receive distinction under the newest accreditation standards. In 2021, an institutional committee was formed to explore an Advanced Practice Fellowship designed to advance specialty training for nurse practitioners.

2022

In support of the short- and long-term educational needs articulated as part of the hospital's strategic planning process, MGH received a transformational $50 million gift from The Lunder Foundation of Portland, Maine that aims to reinvent health care education for the 21st century and ensure the highest quality care for every patient. This commitment — one of the largest ever to support education across the health professions — will enhance the training of providers in all roles now and into the future by funding three linked, interdependent initiatives: the Peter L. Slavin, MD Academy for Applied Learning in Health Care; the Lunder Learning Hospital; and the MGH Learning Endowment.

Paula and Peter Lunder



November | 2022

Dear Readers,

We hope you enjoy this special edition of *MGH Hotline* dedicated to the history, highlights and future of education at Mass General. This is the first installment in a series of special editions that will focus on the pillars of the hospital's mission: teaching, patient care, research and service to the community.

Inside, you'll find the stories of learners, educators and programs that make MGH the model for academic medical centers around the world. Opportunities to learn and grow exist in every corner of our hospital, and we hope this edition of Hotline encourages you to explore them.

Enjoy!

Your *Hotline* editors

Mass Medical Society Membership Certificate for Dr. Joseph Fiske, who treated the wounded on the Lexington Battle Green in 1775. This certificate – which was acquired by MGH and is now part of its permanent collection of artifacts – was comparable to a license to practice medicine in Massachusetts at the time. It was signed on June 1, 1814 by his teachers, MGH co-founder John Collins Warren and his father, John (Johannes) Warren, a founder of Harvard Medical School.

On the Cover
Bridging the past and future: A rendering of the Cambridge Street building project highlighting a new education conference center, the Russell Museum, the historic Ether Dome and the Lunder Building.

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MGH Photography Lab and MGH Archives